

DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name; I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled "Portable radiotelephone and radiocommunication system including such a radiotelephone. _____

_____, the specification of which (check one): ☒ is attached hereto; ☐ was filed on _____, as Application Serial No. _____ and was amended on _____ (if applicable); ☐ was filed as PCT International Application No. _____ on _____ and was amended under Article 19 on _____ (if applicable). I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 C.F.R. §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

02 07858
(Application Serial Number)

FRANCE
(Country)

25th June 2002
(Day/Month/Year Filed)

<Priority Claimed
☒ Yes ☐ No

(Application Serial Number)

(Country)

(Day/Month/Year Filed)

☐ Yes ☐ No

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below:

(Application Serial Number)

(Day/Month/Year Filed)

(Application Serial Number)

(Day/Month/Year Filed)

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s) or PCT international application(s) designating the United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior application(s) in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in 37 C.F.R. §1.56 which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

(Application Serial Number)

(Day/Month/Year Filed)

(Status-Patented, Pending or Abandoned)

(Application Serial Number)

(Day/Month/Year Filed)

(Status-Patented, Pending or Abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

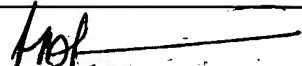
POWER OF ATTORNEY: I hereby appoint as my attorney or agent, with full powers of substitution and revocation, to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

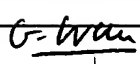
J. William Frank, III (Reg. No. 25,626)
William E. McCracken (Reg. No. 30,195)
Anthony G. Volini (Reg. No. 48,016)
Matthew M. Fannin (Reg. No. 51,268)
Erin J. Sullivan (52,261)


Customer No. 29471


Send correspondence to:

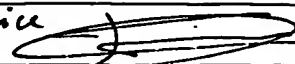
FIRM NAME	PHONE NO.	STREET	CITY & STATE	ZIP CODE
McCracken and Frank Attorneys at Law	312-263-4700	200 W. Adams Street Suite 2150	Chicago, Illinois	60606

Full Name of First or Sole Inventor Henri-Nicolas OLIVIER	Citizenship FRENCH
Residence Address - Street 7 rue Rivay	Post Office Address - Street 7 rue Rivay
City (Zip) 92300 LEVALLOIS	City (Zip) 92300 LEVALLOIS
State or Country FRANCE	State or Country FRANCE
Date <input checked="" type="checkbox"/> 01/07/2003	Signature <input checked="" type="checkbox"/> 

Second Joint Inventor, if any Guy-Louis GRAU	Citizenship FRENCH
Residence Address - Street 91, rue Garibaldi	Post Office Address - Street 91, rue Garibaldi
City (Zip) 69006 LYON	City (Zip) 69006 LYON
State or Country FRANCE	State or Country FRANCE
Date <input checked="" type="checkbox"/> 01/07/2003	Signature <input checked="" type="checkbox"/> Guy-Louis GRAU 

Third Joint Inventor, if any Peng ZHANG	Citizenship CHINESE
Residence Address - Street 12, rue Marty	Post Office Address - Street 12, rue Marty
City (Zip) 94220 CHARENTON LE PONT	City (Zip) 94220 CHARENTON LE PONT
State or Country FRANCE	State or Country FRANCE
Date <input checked="" type="checkbox"/> 01/07/2003	Signature <input checked="" type="checkbox"/> Peng ZHANG 

Fourth Joint Inventor, if any Martin POURRIOT	Citizenship FRENCH
Residence Address - Street 135bis, rue de Paris	Post Office Address - Street 135bis, rue de Paris
City (Zip) 94220 CHARENTON LE PONT	City (Zip) 94220 CHARENTON LE PONT
State or Country FRANCE	State or Country FRANCE
Date <input checked="" type="checkbox"/> 01/07/2003	Signature <input checked="" type="checkbox"/> 

Fifth Joint Inventor, if any Fabrice DEVIGE	Citizenship FRENCH
Residence Address - Street 120, avenue Victor Hugo	Post Office Address - Street 120, avenue Victor Hugo
City (Zip) 92170 VANNES	City (Zip) 92170 VANNES
State or Country FRANCE	State or Country FRANCE
Date <input checked="" type="checkbox"/> 01/07/2003	Signature <input checked="" type="checkbox"/> DEVIGE Fabrice 

Sixth Joint Inventor, if any	Citizenship
Residence Address - Street	Post Office Address - Street
City (Zip)	City (Zip)
State or Country	State or Country
Date <input checked="" type="checkbox"/>	Signature <input checked="" type="checkbox"/>

Seventh Joint Inventor, if any	Citizenship
Residence Address - Street	Post Office Address - Street
City (Zip)	City (Zip)
State or Country	State or Country
Date <input checked="" type="checkbox"/>	Signature <input checked="" type="checkbox"/>

Eighth Joint Inventor, if any	Citizenship
Residence Address - Street	Post Office Address - Street
City (Zip)	City (Zip)
State or Country	State or Country
Date <input checked="" type="checkbox"/>	Signature <input checked="" type="checkbox"/>